

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Dietitian Inactive Renewal

Your inactive dietitian certification in the state of Indiana expires on 12/31/2014. In order to renew, send this form with the renewal fee of \$10 and required documentation* to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 12/31/2014 you must include a \$10 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date «l_expiration_date»	Renewal Fee \$10
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline – or have you resigned in lieu of discipline or termination?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

*Required Documentation: To renew to an inactive status you must submit this form along with a letter stating you will not maintain an office or practice dietetics in Indiana. Continuing education is not required for inactive renewal.

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Dietitians Certification Board please email pla3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date